

**MONTHLY LIVING EXPENSES WORKSHEET  
FOR THE 2014 CALENDAR YEAR**

Student Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Banner Number: 900 \_\_\_\_\_

The 2014 calendar year total income that you and/or your parents reported on the 2015-2016 Free Application for Federal Student Aid (FAFSA) seems to be unusually low to meet your monthly living expenses. When total income reported seems to be too low to meet the living expenses, federal guidance recommends that we determine how your monthly expenses were paid and by whom. Additional information or documentation may be required if this form is incomplete, unclear, or insufficient, or if additional questions arise based on the information provided. **Please do not leave any section blank.**

- Dependent Students:** If you completed the 2015-2016 FAFSA using your **and** your parents' information, **the parent you completed the FAFSA with should complete this form using their information and sign the form with the student.**
- Independent Students:** If you completed the 2015-2016 FAFSA with your information only, you should complete this form using your information.

Monthly Expenses	Amount Per Month on Average	How were Expenses Paid?
Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own \$ _____  <input type="checkbox"/> Live with relative/other and pay no housing expenses		<input type="checkbox"/> Self <input type="checkbox"/> Relatives/Friends <input type="checkbox"/> Other: _____
Household Utilities: Gas, power, water, internet, cable, etc.	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relatives/Friends <input type="checkbox"/> Other: _____
Food	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relatives/Friends <input type="checkbox"/> Other: _____
Travel Expenses: Car payment, gas, insurance, etc.	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relatives/Friends <input type="checkbox"/> Other: _____
Miscellaneous: Credit cards, cell phone, child care, other expenses not listed	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relatives/Friends <input type="checkbox"/> Other: _____

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Electronic signatures will not be accepted**

Return to: Appalachian State University  
Office of Student Financial Aid  
ASU Box 32059  
Boone, NC 28608-2059  
Fax: 828-262-2585  
Email: financialaid@appstate.edu

Return this form immediately. You will not be considered for financial aid until this form has been completed and returned.